



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 10  
1200 Sixth Avenue, Suite 900  
Seattle, WA 98101-3140

OFFICE OF  
WATER AND WATERSHEDS

April 24, 2018

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Mr. Travis Wells,  
General Manager, Public Utilities Branch  
Warm Springs Indian Reservation  
PO Box C  
Warm Springs, Oregon 97761

**Re: Sidwalter Public Water System (PWS ID #104101101) Failure to Correct Significant Deficiencies Identified by the 2014 Sanitary Survey under the Ground Water Rule and 2017 Sanitary Survey Significant Deficiencies**

Dear Mr. Wells:

The purpose of this letter is to inform you of the documents contained in this package. The first document is the Environmental Protection Agency's (EPA) Notice of Violation under the Ground Water Rule for failure to correct significant deficiencies from the April 24, 2014, sanitary survey. In this letter and enclosures are the details of the violation issued, necessary actions to return the water system to compliance, public notification requirements, a template, and certification form.

The second document is the EPA's Notice of Deficiencies under the Ground Water Rule. In this letter and enclosures are the details of the deficiencies identified during the April 25, 2017, sanitary survey, the specific significant deficiencies that must be addressed, documents that must be sent to EPA, and a copy of the sanitary survey upon which our notification letter was based.

If you have any questions about the documents contained in the package, please contact Michelle Tucker at [tucker.michelle@epa.gov](mailto:tucker.michelle@epa.gov) or (206) 553-1414. We appreciate your efforts to protect the health of the customers of your drinking water system.

Sincerely,

A handwritten signature in cursive script, appearing to read "Marie Jennings", is positioned above the typed name.

Marie Jennings  
Drinking Water Unit Manager

Enclosures

cc: Mr. Laddie Folster,  
Tribal Utility Consultant, Indian Health Services

Mr. Roy Spino  
Water Manager,  
Confederated Tribes of Warm Springs

Mr. Russell Graham,  
Tribal Environmental Health,  
Confederated Tribes of Warm Springs

Mr. Steve Courtney,  
Operator, Sidwalter Community Water System

Mr. Jason Tohet,  
Operator, Sidwalter Wastewater Treatment Plant



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PO Box C  
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**Re: Sidwalter Public Water System (PWS ID #104101101) failure to correct significant deficiencies identified by a sanitary survey under the Ground Water Rule**

Dear Mr. Wells:

The purpose of this letter is to inform you that the Sidwalter Public Water System (the System) is currently in violation of the National Primary Drinking Water Regulations, specifically for failure to correct significant deficiencies under the Ground Water Rule (40 C.F.R. §141.403). The U.S. Indian Health Service, on behalf of the U.S. Environmental Protection Agency (EPA), conducted a sanitary survey on April 24, 2014. EPA notified the System of significant deficiencies on August 1, 2014. Accordingly, the owner and/or operator of the System had 120 days from the receipt of EPA's Notice of Deficiencies letter to address the significant deficiencies or submit a schedule to EPA for approval specifying how and by when the significant deficiencies would be addressed.

On November 7, 2014, EPA sent a letter reminding the system that a corrective action plan (CAP) was due by December 9, 2014. EPA received the System's request for an extension and on December 15, 2014, EPA approved a CAP for the System to address all significant deficiencies by the spring of 2015. Though some deficiencies were addressed, EPA has not received evidence that the three significant deficiencies shown below were corrected. Due to these outstanding deficiencies, the System is in violation of the Ground Water Rule. In order for the Sidwalter Public Water System to return to compliance, these remaining significant deficiencies must be corrected or placed on an approved schedule:

Uncorrected Significant Deficiencies	Corrections to be Made
Sidwalter Pump House – Sources – No finished sample tap	A sample tap must be provided on the well discharge pipe following treatment.
Sidwalter Well – Sources – Improper or missing well or spring vent	The well vent must be screened with the return bend facing downward and terminating 18-inches above ground level or above minimum flood level, whichever is higher.

Sidwalter Well – Sources – Unsealed electrical conduit at groundwater source	The conduits and junction boxes must be sealed to prevent contaminants from entering the well casing.
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As a result of the violation, the Sidwalter Public Water System, as a community water system, must notify its customers of this violation within 30 days of receiving this letter and every three months afterwards until the deficiencies have been corrected. A Public Notice template, instructions, and certification are enclosed to assist you. You are also required to send a copy of the Public Notice, certification that it was issued, and an action plan to address these outstanding deficiencies to Ms. Michelle Tucker at [tucker.michelle@epa.gov](mailto:tucker.michelle@epa.gov) or:

Michelle Tucker  
USEPA, Region 10 (OWW-193)  
1200 Sixth Ave, Suite 155  
Seattle, WA 98101

In addition to the Public Notice requirements, the water system must inform its customers of any significant deficiency that is uncorrected at the time of the next consumer confidence report. The System must continue to inform the public annually until EPA determines that the particular significant deficiency is corrected.

If you have any questions about this violation or how to return your water system to compliance, please contact Michelle Tucker at [tucker.michelle@epa.gov](mailto:tucker.michelle@epa.gov) or (206) 553-1414. We appreciate your efforts to protect the health of the customers of your drinking water system.

Sincerely,



Marie Jennings  
Drinking Water Unit Manager

Enclosures

cc: Mr. Laddie Folster,  
Tribal Utility Consultant, Indian Health Services

Mr. Roy Spino  
Water Manager,  
Confederated Tribes of Warm Springs

Mr. Russell Graham,  
Tribal Environmental Health,  
Confederated Tribes of Warm Springs

Mr. Steve Courtney,  
Operator, Sidwalter Community Water System

Mr. Jason Tohet,  
Operator, Sidwalter Wastewater Treatment Plant

## Instructions for Ground Water Rule Failure to Take Corrective Action Within Required Time Frame Public Notice

### Template on Reverse

A system's failure to take corrective action within the required timeframe to be in compliance with an EPA-approved corrective action plan or significant deficiency under the Ground Water Rule is a treatment technique violation and requires Tier 2 notification. You must provide public notice to persons served as soon as practical but within 30 days after you learn of the violation [40 CFR 141.203(b)]. You must issue a repeat notice every three months for as long as the violation persists.

Community systems must use one of the following methods [40 CFR 141.203(c)]:

- Hand or direct delivery
- Mail, as a separate notice or included with the bill

Noncommunity systems must use one of the following methods [40 CFR 141.203(c)]:

- Posting in conspicuous locations
- Hand delivery
- Mail

In addition, both community and noncommunity systems must use *another* method reasonably calculated to reach others if they would not be reached by the first method [40 CFR 141.203(c)]. Such methods could include newspapers, e-mail, or delivery to community organizations. If you mail, post, or hand deliver, print your notice on your system's letterhead if available.

The notice on the reverse is appropriate for mailing, posting, or hand delivery. If you modify this notice, you must still include all required Public Notice elements from 40 CFR 141.205(a) and leave the mandatory language unchanged (see below).

### Mandatory Language

**Mandatory language on health effects, which must be included as written (with blanks filled in), is presented in italics in each notice with an asterisk on either end.**

You must also include the following italicized language in all notices, where applicable [40 CFR 141.205(d)]. Use of this language does not relieve you of your obligation to take steps reasonably calculated to notify all persons served:

*Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.*

### Corrective Action

In your notice, describe corrective actions you are taking. Listed below are some steps commonly taken by water systems with Ground Water Rule treatment technique violations. Depending on the corrective action you are taking, you can use one or more of the following statements, if appropriate, or develop your own text:

- Although we did not meet our deadline, we are now in consultation with EPA to develop a corrective action plan.
- The [source of contamination/significant deficiency] has been identified and addressed.
- We have implemented a short term plan to address the immediate issue while we pursue the long-term solution.

### Repeat Notices

For repeat notices, you should state how long the violation has been ongoing and remind consumers of when you sent out any previous notices. If you are making progress with correcting the significant deficiency or addressing the fecal indicator-positive source sample, describe it. Alternatively, if funding or other issues are delaying corrective action, let consumers know.

### After Issuing the Notice

Make sure to send your privacy agency a copy of each type of notice and a certification that you have met all public notification requirements within ten days after issuing the notice [40 CFR 141.31(d)].

## Ground Water Rule Failure to Take Corrective Action Within Required Time Frame Public Notice

### IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

#### **[System] Failed to Correct a Significant Deficiency Within Required Time Frame.**

Our water system recently violated a drinking water requirement. Although this incident was not an emergency, as our customers, you have a right to know what happened and what we did (are doing) to correct this situation.

A routine inspection conducted on [give date] by the US Indian Health Service on behalf of the US Environmental Protection Agency (EPA) found [describe significant deficiency in our water system]

As required by EPA's Ground Water Rule, we were required to take action to [correct this deficiency]. However, we failed to take this action by the deadline established by EPA.

#### **What should I do?**

- There is nothing you need to do. You do not need to boil your water or take other corrective actions. However, if you have specific health concerns, consult your doctor.
- If you have a severely compromised immune system, have an infant, are pregnant, or are elderly, you may be at increased risk and should seek advice from your health care providers about drinking this water. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1-800-426-4791.

#### **What does this mean?**

This is not an emergency. If it had been, you would have been notified within 24 hours.

*\*Inadequately treated or inadequately protected water may contain disease-causing organisms. These organisms include bacteria, viruses, and parasites which can cause symptoms such as nausea, cramps, diarrhea, and associated headaches.\**

These symptoms, however, are not caused only by organisms in drinking water, but also by other factors. If you experience any of these symptoms and they persist, you may want to seek medical advice.

#### **What is being done?**

[Describe corrective action.] We anticipate resolving the problem within [estimated time frame] (or the problem was resolved on [give date]).

For more information, please contact [name of contact] at [phone number] or [mailing address].

*\*Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.\**

This notice is being sent to you by [system]. State Water System ID#: \_\_\_\_\_.

Date distributed: \_\_\_\_\_.

**Public Notification Certification Form**

The water system must complete this section. The signature below certifies that the notice contains all required elements.

**Complete the following items (check all that apply):**

☐ I mailed/delivered Public Notices to the water users within 30 days of receiving EPA's Notice of Violation for failure to correct significant deficiencies identified by a sanitary survey under the Ground Water Rule.

☐ **(For non-community systems ONLY)** Notice posted at \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ within 30 days of receiving EPA's Notice of Violation for failure to correct significant deficiencies identified by a sanitary survey under the Ground Water Rule.

All systems - Provide information of another method used to reach others if they would not be reached by the first method. Such methods could include newspapers, email, delivery to community organizations, etc.

\_\_\_\_\_  
Water System

\_\_\_\_\_  
PWS ID

\_\_\_\_\_  
Signature of owner or operator

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

**Send a copy of the completed notice and this certification form to: [tucker.michelle@epa.gov](mailto:tucker.michelle@epa.gov) or US EPA R10 (OWW-193), 1200 Sixth Ave, Suite 155, Seattle WA 98101.**



**Corrective Action Plan**  
EPA Region 10  
Tribal Public Water System Supervision Program

All public water systems are required to undergo sanitary surveys. Public water systems using groundwater water must consult about required corrective actions within 30 days of being notified of a significant deficiency and must complete corrective actions or be in compliance with an approved Corrective Action Plan within 120 days of receiving notice of significant deficiencies (40 CFR 141.403 (a)).

A proposed corrective action plan must provide a written description of how and on what schedule/when the following significant deficiencies will be/were addressed. Please fill in the table below and submit documentation of correction to the significant deficiencies below to Michelle Tucker at [tucker.michelle@epa.gov](mailto:tucker.michelle@epa.gov). Please submit photos, receipts, or other items documenting corrections that have been made (reference documentation with written statement in column B).

<b>PWSID:</b>	104101101
<b>System Name:</b>	Sidwalter CWS
<b>Primary Source:</b>	Groundwater
<b>Sanitary Survey Date:</b>	4/24/2014
<b>Surveyor:</b>	Tia Skerbeck
<b>Notice Date:</b>	8/1/104

<b>Notice of Violation Date:</b>	<b>4/24/2018</b>
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Deficiency	Schedule to Address Deficiency		Accomplishments (date completed)
	Milestone/Corrective Action Description	Scheduled Date	
Sources - #4 A sample tap must be provided on the well discharge pipe following treatment.			
Sources - #6 The well vent must be screened with the return bend facing downward and terminating 18-inches above ground level or above minimum flood level, whichever is higher.			
Sources - #7 The conduits and junction boxes must be sealed to prevent contaminants from entering the well casing.			

Please list any additional attachments included with this plan:

I understand that failing to meet an EPA approved Deficiency Corrective Action Plan may constitute a violation of the Safe Drinking Water Act.

Name (print)

address

Phone

email

Signature

Date

Deficiency	Schedule to Address Deficiency		Accomplishments (date completed)
	Milestone/Corrective Action Description	Scheduled Date	

EPA Use Only	
approved by (print)	closed date
Compliance Officer Signature	Date



09 May 2014

Don Courtney  
Public Works General Manager  
Confederated Tribes of Warm Springs  
P.O. Box 1196  
Warm Springs, OR 97731

Dear Mr. Courtney:

Thank you for the time of your operator to complete the site visit of the Sidwalter community water system (PWSID: 1041011101). The assessment of the water systems is a tool for identifying areas requiring improvement, and maintenance. Enclosed is the water system sanitary survey report conducted on April 24, 2014 and is a snapshot of the systems on that day.

**Significant Deficiencies and Recommendations**

1. Page 2 of 8, *item 1*

The well is in need of a sanitary cap equipped with a vent and a proper seal (see figure 1). Installation of a sanitary well cap with a rubber seal and vermin barrier will ensure public health is protected by providing a barrier to contamination and water intrusion into the well.



Figure 1

2. Page 2 of 8, *item 4*

There is no post-treatment sample tap available (see figure 2). Installation of a post-treatment sample tap will allow for measurement of disinfection levels prior to distribution to the system and will help operators ensure proper levels of disinfectant are being dosed.

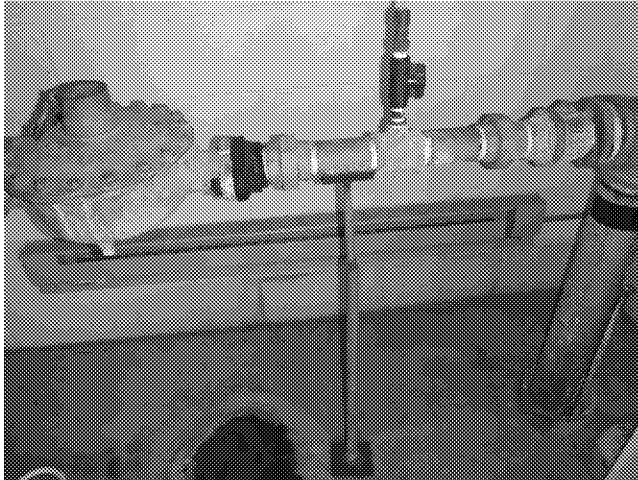


Figure 2

3. Page 2 of 8, *item 6*

The well vent is not sealed, screened, and turned down (see figure 3). Installation of a vent that is sealed, screened, and turned down ensures public health is protected by providing a barrier to pests and water intrusion into the well and water supply.

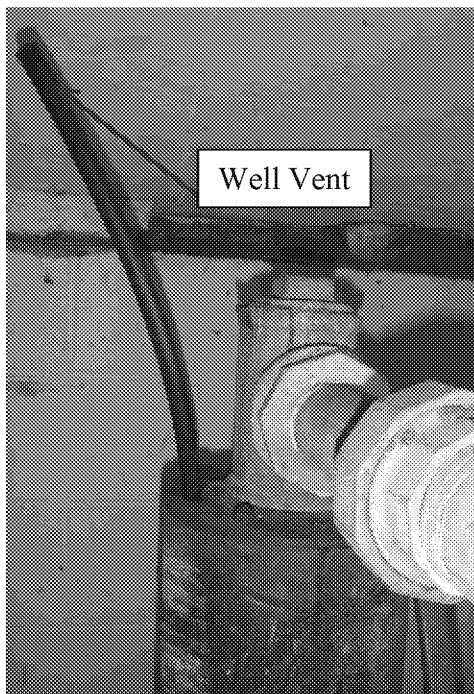


Figure 3

4. Page 2 of 8, *item 7*

The wiring leading into the well is not encased in conduit or sealed to the well cap (see figure 4). Providing a seal and proper conduit will ensure the well and water supply remain free from contamination.

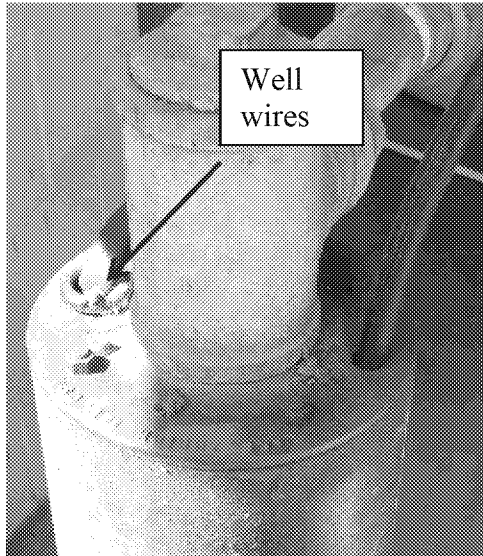


Figure 4

5. Page 7 of 8, *item 235*

The system lacks a pressure relief valve or surge arrestor in the pumphouse. The system experiences a water hammer and flow back through the water meter (figure 5). A water hammer poses a threat to the safety of the operator and structural integrity of the water system. Installation of a pressure relief valve or surge arrestor to absorb the water hammer will ensure the safety of the operator and integrity of the system are maintained.

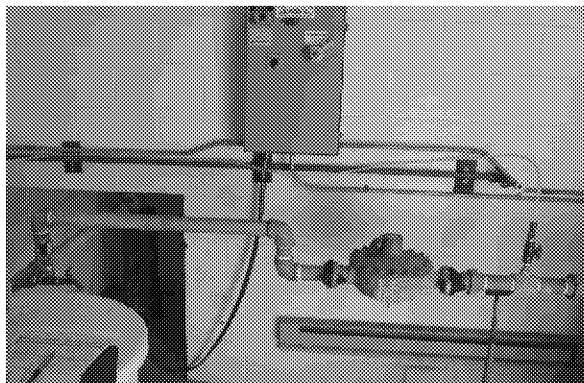


Figure 5

**Minor Deficiencies and Recommendations**

6. Page 2 of 8, *item 19*

The well cannot be pumped to waste at capacity at a location prior to the first connection. Design that allows pumping to waste is recommended for collection of source water and investigative samples.

7. Page 2 of 8, *item 20*  
Standby or auxiliary power are not available. The addition of auxiliary power ensures a safe supply of water remains sufficient during times of emergency or power failure.
8. Page 3 of 8, *item 57*  
The chemical feeders are not flow paced. Controlling of chemical feeders through a flow-sensing device ensures an accurate injection of chemicals into the system based on the flow of water from the well. Currently the system is arranged so that the well pump provides a constant amount of flow, which the chemical feed pumps is adjusted to.
9. Page 3 of 8, *item 63*  
The system is lacking an eye-washing device. Installation of an eye-washing device or portable eye-washing bottles is an important safety measure to ensure employee health and safety is maintained.
10. Page 4 of 8, *item 122*  
The system does not have a program in place for regular exercise of valves. Regular exercise of valves ensures proper operation and helps identify areas in need of repair and maintenance.
11. Page 5 of 8, *item 146*  
The gate to the storage tank area is locked from unauthorized entry, however the ladder to the tank is unsecured. Ensuring security on the tank ladder is maintained precludes unauthorized access to the storage tank, and ensures the structure remains free from vandalism and contamination.
12. Page 7 of 8, *item 218*  
There is no current wellhead protection program in place. Establishment of a well head protection program will ensure the highest quality of water is maintained by preventing contaminants from reaching drinking water sources.

The water system received violations for consumer confidence reports (CCR) in 2011, 2012, and 2013. These reports were not received by EPA before the July 1<sup>st</sup> annual deadline. These violations have since been returned to compliance status. To prevent future violations, ensure CCRs are sent to system customers and EPA annually by July 1<sup>st</sup>, and the CCR certification form is sent to the EPA no later than October 1 annually.

Feel free to call me at (503)-414-7786 with any questions, comments, or concerns regarding the assessment details. A copy of this report will be sent to Region X Federal Environmental Protection Agency (EPA) Drinking Water Program, and any remarks received from the Confederated Tribes of Warm Springs will be forwarded to the EPA.

Sincerely,

Tia Skerbeck  
Indian Health Service  
Tribal Utility Consultant

Enclosure

Cc: Roy Spino, Water/Wastewater Engineer, Confederated Tribes of Warm Springs  
Lisa Jacobsen, Tribal Drinking Water Coordinator, Environmental Protection Agency  
Steve Anderson, District Utility Consultant, Indian Health Service  
Matt Rasmusson, District Engineer, Indian Health Service  
Jason Davis, Environmental Engineer, Indian Health Service  
Nancy Collins, Environmental Health Officer, Indian Health Service

# PORTLAND AREA INDIAN HEALTH SERVICE PUBLIC WATER SYSTEM SANITARY SURVEY

## SITE VISIT INFORMATION

SURVEY DATE: 0 4 2 4 2 0 1 4 PWS ID: 1 0 4 1 0 1 1 0 1

Sanitary Survey includes: (1) Water Sources: Ground ☒ Surface ☐ (2) Well Water Treatment: Part A ☒ Part B ☐ (3) Distribution ☒ (4) Finished Water Storage ☒ (Check all that apply) (5) Pumps, Pump Facilities and Controls ☒ (6) Monitoring ☒ (7) Management/Operation Capacity ☒ (8) Operator Compliance ☒ (9) Other ☐

Date of last survey: 05/04/2014 System Type: Federal Government ☐ Private ☐ State Government ☒ Native American Government ☒ District: Southern Cascade

# of Residential Connections: 1 # of Non-Residential Connections: 1 # of Storage Facilities: 1 # of Ground Source: 1 # of Surface water Source: N/A

Name of Water Supply: Sidwalter CWS Water Purchased From: Name: N/A PWS: Water Sold To: Name: PWS:

Address: Confederated Tribes of Warm Springs Owner Address: 1233 Veterans St City, State and Zip Code: Warm Springs, OR 97761 Telephone: 541-553-1161

Plant Location (if different than mailing address): WERE STRUCTURAL DEFICIENCIES NOTED DURING THIS SURVEY: YES ☐ NO ☒ (IF YES, SEE PAGE(S) OF

System Manager's Last Name: Spino Individual present during inspection: Name: Tia Skerbeck Title: TUC System Manager's First Name: Roy Name: Jason Davis Title: IHS Engineer System Manager's Address: P.O. Box C/Water Engineer System Manager's City: Warm Springs Title: Sanitarian IHS System Manager's State: OR System Manager's Telephone Number: 541-553-2324 Title: Water manager CDM

Water System Classification Service Category: Community Water System ☒ Non-transient Non-community ☐ Transient Non-community ☐ Surveyors Agency: Indian Health Service

Comments:

Surveyed by: Tia Skerbeck Date: 4/24/2014 Received by: S. Skerbeck Date: 4-24-14

WHITE - WATER SYSTEM YELLOW - EPA PINK - IHS Rev. 03 24 2011 Official Form SS 1 Keep For Your File Page 1 of 8



# PORTLAND AREA INDIAN HEALTH SERVICE PUBLIC WATER SYSTEM SANITARY SURVEY

## 1. GROUNDWATER SOURCES

Source Name: <b>Sidwalter/Well</b>		SURVEY DATE: 0 4 2 2 0 1 4		PWS ID: 1 0 4 1 0 1 1 0 1	
Physical Address: <b>no formal address avail</b>		Status: Active <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Proposed <input type="checkbox"/> Emergency <input type="checkbox"/>		Source Type: <input checked="" type="checkbox"/> Ground water non-purchased <input type="checkbox"/> Ground water purchased <input type="checkbox"/>	
Treatment Objective: <b>Disinfection</b>		Water Purchased from: <b>N/A</b>		Water Sold to: <b>N/A</b>	
Treatment Methods: <b>Sodium hypochlorite</b>					
Has well-log been submitted to EPA? YES <input type="checkbox"/> NO <input type="checkbox"/>		Design Daily Production (GPD): <b>201000</b>			
Well / Spring Yield (GPM): <b>44,886</b>		Pump Capacity (GPM): <b>504</b>		Grout Dept (Ft): <b>25</b>	
Casing Depth (Ft): <b>437</b>		Interval Screen Depth (Ft): <b>218-504</b>		Date Drilled: <b>1985</b>	
LAT +/-: <b>44.88669</b>		LONG +/-: <b>-121.48658</b>		Section: <b>12 SE</b>	
Nature of Recharge Area: <input type="checkbox"/> Confined <input checked="" type="checkbox"/> Unconfined		Formation/Rock Type: <b>Sandstone / broken lava</b>		Quarter/Quarter: <b>NO</b>	
Source of Potential Pollution: <b>N/A</b>		Is there a Well Head Protection Plan of this area? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If yes, is this for all water sources? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Are static and pumping water levels measured regularly? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Are chemical contaminants source in sanitary control area? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		UNKNOWN <input type="checkbox"/>	

SIGNIFICANT DEFICIENCY		MINOR DEFICIENCY	
YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/> NA <input type="checkbox"/> UNK <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/> NA <input type="checkbox"/> UNK <input type="checkbox"/>
1. Is the well provided with a sanitary cap, vent and seal that are properly installed?	<input checked="" type="checkbox"/>	16. Are pressure tanks, check valves, blow-off valves, water meters, etc., maintained and operating properly?	<input checked="" type="checkbox"/>
2. Does the casing extend a min. of 18 inches above the final ground surface and/or 12 inches above the pump house floor or slab?	<input checked="" type="checkbox"/>	17. Is well site properly drained and protected from unauthorized entry?	<input checked="" type="checkbox"/>
3. Is there a sample tap provided on the well discharge pipe prior to treatment? Smooth <input type="checkbox"/> Threaded <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18. Is well site protected against flooding?	<input checked="" type="checkbox"/>
4. Is there a sample tap provided on the well discharge pipe following treatment? Smooth <input type="checkbox"/> Threaded <input type="checkbox"/>	<input checked="" type="checkbox"/>	19. Can the well be pumped to waste at the design capacity of the well via an approved air gap at a location prior to the first service connection?	<input checked="" type="checkbox"/>
5. Is the well cased and grout sealed at least 20 feet or in such a manner that surface water cannot enter the well?	<input checked="" type="checkbox"/>	20. Is standby or auxiliary power available?	<input checked="" type="checkbox"/>
6. Is well vent screened with the return bend facing downward and terminating 18 inches above ground level or above maximum flood level, whichever is higher?	<input checked="" type="checkbox"/>	21. Is a pressure gauge or other means of measuring water level provided at the installation and is it maintained and working properly?	<input checked="" type="checkbox"/>
7. Are conduits and junction boxes sealed to prevent contaminants from entering the well casing?	<input checked="" type="checkbox"/>		
8. Is the source metered?	<input checked="" type="checkbox"/>		

HAVE THE FOLLOWING MIN SET-BACK FROM THE PWS WELL BEEN MET?

9. Gravity sewer line (100 ft)	<input checked="" type="checkbox"/>
10. Pressure sewer line (100 ft)	<input checked="" type="checkbox"/>
11. Individual home septic tank (100 ft)	<input checked="" type="checkbox"/>
12. Individual home disposal field (100 ft)	<input checked="" type="checkbox"/>
13. Livestock (100 ft)	<input checked="" type="checkbox"/>
14. Individual home seepage pit (100 ft)	<input checked="" type="checkbox"/>
15. Has a GWUDI determination been done for this source? If yes, is it filtered <input type="checkbox"/> or unfiltered <input type="checkbox"/>	<input checked="" type="checkbox"/>

### RECOMMENDATION

22. Has there been a source water assessment conducted for this source?  
ARE WELL HOUSE BUILDINGS CONSTRUCTED OR MAINTAINED TO PROVIDE:  
23. Lighting  
24. Venting  
25. No storage of toxic/hazard chemical.  
26. Locked to prevent unauthorized entry.  
27. Protection from rodent infestation.

Surveyed by: <b>Tia Skerbeck</b>	Date: <b>4/24/2014</b>	Received by:	Date:
Comments:		Keep For Your File	
WHITE - WATER SYSTEM YELLOW - EPA PINK - IHS		Official Form SS 2	
Page 2 of 8			

PORTLAND AREA INDIAN HEALTH SERVICE  
PUBLIC WATER SYSTEM SANITARY SURVEY

2. WELL WATER TREATMENT

PART A

Source treated by station <b>Sidwalter</b>		Physical Address <b>No formal address</b>	
Lat-Long	Date Online	Daily Output	Schematic of plant readily available and up-to-date YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Check all disinfection type used:			
Gas <input type="checkbox"/>	Sodium hypochlorite (12 1/2 %) <input checked="" type="checkbox"/>	Calcium hypochlorite <input type="checkbox"/>	Bleach (5 1/4 %) <input type="checkbox"/>
Ozone <input type="checkbox"/>	UV light <input type="checkbox"/>	Chlorine dioxide <input type="checkbox"/>	Other <input type="checkbox"/>

PWS ID

Physical Address

Source treated by station

Lat-Long

Date Online

Daily Output

Schematic of plant readily available and up-to-date

YES ☒ NO ☐

Gas ☐

Sodium hypochlorite (12 1/2 %) ☒

Calcium hypochlorite ☐

Bleach (5 1/4 %) ☐

Ozone ☐

UV light ☐

Chlorine dioxide ☐

Other ☐

SURVEY DATE

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SURVEY DATE

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# PORTLAND AREA INDIAN HEALTH SERVICE PUBLIC WATER SYSTEM SANITARY SURVEY

SURVEY DATE 0 4 2 4 2 0 1 4 PWS ID 1 0 4 1 0 1 1 0 1

## 3. DISTRIBUTION

What type of material are the pipe(s):	PVC <input checked="" type="checkbox"/>	AC <input type="checkbox"/>	PE <input checked="" type="checkbox"/>	C/DI <input type="checkbox"/>
Distribution lines (Diameter and type)				
1. 4" PVC	1" HDPE			
2.	2.			
Number of Fire Hydrants (types if known)				
36 out of 36	1. 2			
2.	2.			

## SIGNIFICANT DEFICIENCY

YES	NO	NA	UNK	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	112. Are there hydrants or adequate blow-offs to flush all dead-end on the system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	113. Are disinfectant residual measurements being made and recorded at the entry point and the distribution system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114. Is there a disinfectant residual of at least 0.2 mg/l at the entry point to the dist system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	115. Is detectable free chlorine residual being maintained throughout the distribution system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	116. Are proper residual test kits available and well stocked with reagents (DPD)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117. Is the PWS able to maintain a minimum pressure of twenty (20) psi throughout the distribution system (including fire flow)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118. Is the system protected from obvious cross connection observed during the survey?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119. Is there a requirement for annual testing of the installed backflow prevention devices?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120. Is there sufficient contact time between the disinfection point and first point in use?

Comments:

## MINOR DEFICIENCY

YES	NO	NA	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121. Are accurate O&M records being maintained (check records)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	122. Are valves periodically exercised?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	123. Are customer complaints and investigation reports kept?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	124. Are all automatic air relief valves equipped with a means of backflow protection?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	125. Are ARV's turned down, screened and protected from cross connection?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	126. Is there a routine main and dead-end water flushing program?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	127. Are backflow prevention devices installed at all appropriate locations?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	128. Is the operator trained in cross connection control?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	129. Are proper procedures followed for disinfection of new construction or repairs?

## RECOMMENDATION

<input checked="" type="checkbox"/>	130. Is there an inspection of new construction as well as follow-up inspections?
<input type="checkbox"/>	131. Is there a leak detection program?
<input type="checkbox"/>	132. Are all service metered and are meters routinely read?
<input type="checkbox"/>	133. Was asbestos/cement pipe used in the system?

Surveyed by

Tia Skerbeck 4/24/2014

Received by

Date

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PINK - IHS

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PORTLAND AREA INDIAN HEALTH SERVICE  
PUBLIC WATER SYSTEM SANITARY SURVEY

4. FINISHED WATER STORAGE

Total Storage Capacity (gals) 209,000 gal

SURVEY DATE

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PWS ID

Storage structure name Sidwalter	Physical location of storage structure	
Type of corrosion control Cathodic	Storage type Stand pipe	
Date in service:	Type of material: Bolted steel	Volume (gal): 209,000
Total days of supply ~3	Date last: Cleaned	Inspected

Type of hydropneumatic system:		Non-Bladder <input type="checkbox"/>	Bladder <input type="checkbox"/>
Date in service:	Type of material	Cleaned	Inspected
Total design capacity	Date last:	Cleaned	Inspected

SIGNIFICANT DEFICIENCY	
YES NO NA UNK	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	134. Is treated water storage covered or enclosed?
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	135. Is the storage structure clean and free from contamination?
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	136. Is the storage structure structurally sound?
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	137. Is the storage structure safely accessible to inspector?
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	138. Is an overflow provided that discharges to daylight in a way that will preclude the possibility of backflow to the reservoir and, where practical, provided with a metal screen or flap valve?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	139. Are access manhole openings for the storage structure 4 inches or greater above the reservoir roof surface, with a lid 2 inches overlapping, water tight and locked?
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	140. Are overflow lines, air vents, drainage lines or clean out pipe turned downward or covered, screened and terminated a minimum of 2 times the diameter of the water outlet above the ground or storage structure surface?

MINOR DEFICIENCY	
BLADDER AND NON-BLADDER	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	158. Can the tank(s) be isolated with a shut-off valve for repairs or replacement?
NON-BLADDER	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	159. Is there an oil-less air compressor in service for the hydro pneumatic pressure tank?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	160. Has the non-bladder pressure tank(s) been tested for structural integrity in the past 5 years?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	161. Do all non-bladder hydro pneumatic tank(s) have the following? If YES, which one: Water sight glass <input type="checkbox"/> A drain <input type="checkbox"/> Means to add air <input type="checkbox"/> Automatic or manual air blow-off <input type="checkbox"/> An access manhole (24 inches diameter where practical) <input type="checkbox"/>

RECOMMENDATION	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	162. Are the interior and/or exterior surfaces in good condition?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	163. Is there a drain line on each tank? What is the make and model of the tanks?
Number and tank(s) in gallon	

MINOR DEFICIENCY	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	141. Is leakage evident at time of inspection?
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	142. Is the storage structure interior coating or liner peeling or cracked?
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	143. Can the storage structure be isolated from the system for repairs or cleaning?
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	144. Is the storage structure protected against flooding?
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	145. Do all vents open downward and are they fitted with a 4 mesh non-corrodible screen?
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	146. Is the storage structure secured from unauthorized access?
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	147. Does the overflow have a splash pad?
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	148. Is there a separate drain line on the storage structure?

RECOMMENDATION	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	149. Is there a water-sampling tap provided at the storage structure outlet?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	150. When was the storage structure inspected last? ≤ 1 yr <input type="checkbox"/> 2-4 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> Never <input checked="" type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	151. How often is the storage structure cleaned? ≤ 1 yr <input type="checkbox"/> 2-4 yrs <input type="checkbox"/> 5-10 yrs <input type="checkbox"/> Never <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	152. Is storage structure lined? Line Type?

Surveyed by Tia Skerbeck	Date 4/24/2014	Received by	Date
Comments:		Date	
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# PORTLAND AREA INDIAN HEALTH SERVICE PUBLIC WATER SYSTEM SANITARY SURVEY

SURVEY DATE: 0 4 2 4 2 0 1 4

PWS ID: 1 0 4 1 0 1 1 0 1

## 6. MONITORING

Name of Water Supply: Sidwalter CWS

Tribe: Confederated Tribes of Warm Springs

SIGNIFICANT DEFICIENCY				MINOR DEFICIENCY			
Is the system in monitoring compliance for the following parameters:							
AT THE ENTRY POINT							
YES	NO	NA	UNK	YES	NO	NA	UNK
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## 7. MANAGEMENT/OPERATION CAPACITY

YES	NO	NA	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>			211. Is the Manager certified at appropriate level?
<input checked="" type="checkbox"/>	<input type="checkbox"/>			212. Does the Water System have an operation and maintenance manual?
<input checked="" type="checkbox"/>	<input type="checkbox"/>			213. Does the system have written standard operating protocol for other operators?
<input checked="" type="checkbox"/>	<input type="checkbox"/>			214. Does the water system have an emergency response plan?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	215. Does the Water System have Cross-Connection Control Program?

216.	Is the Water System in compliance?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the Water System in compliance? <u>yes</u>
217.	Does the system have more than 4 violations in the past two years	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
218.	Does the Water System have a Wellhead Protection Program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
219.	Are consumer confidence report sent to user each year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
220.	Does the Water System have a current master plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
221.	Does the master plan include a water conservation plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
222.	What year was the master plan completed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	19 _____ 20 _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
223.	Is there a written Water Quality Monitoring site plan/program available for review?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	224. Does the Water System have an Operating Budget?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	225. Does the Water System have a service area and facility map?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	226. Does the Water System have a water facilities inventory?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	227. Has a capacity assessment been completed?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	228. Does the PWS have a governing body or board of directors?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	229. Is there a clear plan of organization and control among the people responsible for management and operation of the Water System?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	230. Does the Water System have emergency power?
				<input type="checkbox"/> Generator, automatic switchover	<input type="checkbox"/> Transfer switch only
				<input type="checkbox"/> Generator, manual switchover	<input type="checkbox"/> Other
				<input type="checkbox"/> Portable with transfer switch	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	231. Frequency of testing generator:
				<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
				<input type="checkbox"/> Annually	<input type="checkbox"/> Infrequently
				<input type="checkbox"/> Never	

## 8. OPERATOR COMPLIANCE

232. Operator Qualification or Certification							
Operator(s) Name	Cert. by	Cert. No.	Cert. Level	Meets System Requirements	Date Issued	Date Expires	
Roy Spino	OR		Dist 1	Yes		2014	
Steven Cavazos	OR		CDRM	yes		2014	

YES ☒ NO ☐ NA ☐ UNK ☐ 233. Are Operators certified at the appropriate level?

☒ ☐ ☐ ☐ ☐ **234. Is a properly certified operator available at all times?**

## 9. OTHER

YES	NO	NA	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	235. System lacks Pressure Relief Valve and experiences severe water hammer in pump house.
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	240.

Surveyed by <b>Tia Skerbeck</b>	Date <b>4/24/2014</b>	Received by	Date	Comments: 214 CCR violations for 2011, 2012, 2013
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# Comments and Maps

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 10  
1200 Sixth Avenue, Suite 900  
Seattle, WA 98101-3140

OFFICE OF  
WATER AND WATERSHEDS

April 24, 2018

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Mr. Travis Wells,  
General Manager, Public Utilities Branch  
Warm Springs Indian Reservation  
PO Box C  
Warm Springs, Oregon 97761

Re: Sanitary Survey Significant Deficiencies at the Sidwalter Community Water System, PWS  
ID #104101101

Dear Mr. Wells:

Thank you for having your sanitary survey conducted by Indian Health Service's tribal utility consultant Laddie Folster on April 25, 2017. A Sanitary Survey is a comprehensive evaluation of the source, pumps and pumping facilities, treatment, storage, distribution, laboratory facilities, management and operator qualifications at a public water system, required under the National Primary Drinking Water Regulations (40 CFR Part 141). This letter is to inform you that significant deficiencies were identified at the Sidwalter Community Water System during the sanitary survey.

These significant deficiencies have the potential to impair your water quality and jeopardize public health. Significant deficiencies require immediate attention and must be corrected within 120 days from receipt of this letter. If you are not able to address significant deficiencies by this deadline, you must be on an approved corrective action plan. Failure to do so will result in a violation of the National Primary Drinking Water Regulations (40 CFR §141.403).

Due to the failure of the Sidwalter Water System to correct significant deficiencies from the prior sanitary survey, a violation has already been issued under the Ground Water Rule. Those significant deficiencies are reiterated here as they were still not corrected at the time of the most recent survey; the process for bringing the system back into compliance is detailed in the enclosed Notice of Violation letter. The remainder of this letter addresses actions the Santiago Water System must undertake in response to the newest sanitary survey conducted on May 23, 2017.

**Significant Deficiencies: The following items must be corrected, or on an approved schedule to be corrected, within 120 days of receipt of this letter for ground water systems or another violation will be issued.**

- #4 A sample tap is not provided on the well discharge pipe following treatment.
- #6 The well vent is not screened with the return bend facing downward and terminating 18-inches above ground level or above minimum flood level, whichever is higher.

- #7 Conduits and junction boxes are not sealed to prevent contaminants from entering the well casing.

Minor Deficiencies: The following items should be corrected prior to the next sanitary survey so that they do not become significant deficiencies in the future.

- #19 The well cannot be pumped to waste at the design capacity of the well via an approved air gap at a location prior to the first service connection.
- #20 Standby or auxiliary power is not available.
- #63 There is not a deluge shower and/or eye washing device installed where strong acids and/or alkalis are used or stored.
- #120 Valves are not periodically exercised.
- #121 Customer complaints and investigation reports are not kept.
- #124 There is not a routine main and dead-end water flushing program.
- #126 The operator is not trained in cross connection control.
- #146 There is not a separate drain line on the storage structure.
- #165 All non-sample taps installed in the pump house are not equipped with an appropriate backflow prevention device.
- #216 The Water System does not have a Wellhead Protection Program.
- #217 Consumer confidence reports are not sent to users each year.
- #218 The Water System does not have a current master plan.
- #219 The master plan does not include a water conservation plan.

Recommendations: The following items are best management practices shown to improve drinking water systems; addressing these items is voluntary.

- #27 Well house buildings are not being maintained to provide protection from rodent infestation.
- #129 There is not a leak detection program.
- #130 All services are not metered and/or meters routinely read.
- #147 There is no water-sampling tap provided at the storage structure outlet.
- #175 There is no water pressure relief valve installed where the pump is directly connected to the distribution system.
- #225 A capacity assessment has not been completed.
- #228 The Water System does not have emergency power.

The Ground Water Rule requires systems to consult within 30 days of receiving a notice of a significant deficiency. Significant deficiencies require immediate attention and must be corrected within 120 days from receipt of this letter. If you are not able to address significant deficiencies by this deadline, you must be on an approved corrective action plan. Documentation of significant deficiency corrections made, and/or a schedule of the dates and actions of future corrections, must be submitted to [tucker.michelle@epa.gov](mailto:tucker.michelle@epa.gov) within the 120 day deadline or violations will be issued.

If you have any questions or would like to address the findings of the sanitary survey, please feel free to contact me at [tucker.michelle@epa.gov](mailto:tucker.michelle@epa.gov) or (206) 553-1414. We would like thank you and

your staff for their cooperation and time on the survey as well as assistance in addressing these findings.

Sincerely,

*Michelle Tucker*

Michelle Tucker  
Ground Water Rule Manager

Enclosures

cc: Mr. Laddie Folster,  
Tribal Utility Consultant, Indian Health Services

Mr. Roy Spino  
Water Manager,  
Confederated Tribes of Warm Springs

Mr. Russell Graham,  
Tribal Environmental Health,  
Confederated Tribes of Warm Springs

Mr. Steve Courtney,  
Operator, Sidwalter Community Water System

Mr. Jason Tohet,  
Operator, Sidwalter Wastewater Treatment Plant

**Corrective Action Plan**  
EPA Region 10  
Tribal Public Water System Supervision Program

All public water systems are required to undergo sanitary surveys. Public water systems using groundwater water must consult about required corrective actions within 30 days of being notified of a significant deficiency and must complete corrective actions or be in compliance with an approved Corrective Action Plan within 120 days of receiving notice of significant deficiencies (40 CFR 141.403 (a)).

A proposed corrective action plan must provide a written description of **how** and **on what schedule/when** the following significant deficiencies will be/were addressed. Please fill in the table below and submit this proposed corrective action plan within 120 days to Michelle Tucker at [tucker.michelle@epa.gov](mailto:tucker.michelle@epa.gov). Please submit photos, receipts, or other items documenting corrections that have already been made (reference documentation with written statement in column B).

<b>PWSID:</b>	104101101
<b>System Name:</b>	Sidwalter CWS
<b>Primary Source:</b>	Groundwater
<b>Sanitary Survey Date:</b>	4/25/2017
<b>Surveyor:</b>	Laddie Folster
<b>Notice Date:</b>	4/24/2018

<b>Corrective Action Plan Due Date:</b>	<b>8/22/2018</b>
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Deficiency	Schedule to Address Deficiency		Accomplishments (date completed)
	Milestone/Corrective Action Description	Scheduled Date	
Sources - #4 Is there a sample tap provided on the well discharge pipe following treatment			
Sources - #6 Is well vent screened with the return bend facing downward and terminating 18-inches above ground level or above minimum flood level, whichever is higher			
Sources - #7 Are conduits and junction boxes sealed to prevent contaminants from entering the well casing			

Please list any additional attachments included with this plan:

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I understand that failing to meet an EPA approved Deficiency Corrective Action Plan may constitute a violation of the Safe Drinking Water Act.

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Name (print)	address
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Phone	email
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Deficiency	Schedule to Address Deficiency		Accomplishments (date completed)
	Milestone/Corrective Action Description	Scheduled Date	
Signature		Date	

EPA Use Only	
approved by (print)	closed date
Compliance Officer Signature	Date



Indian Health Service  
Spokane District Office  
528 E Spokane Falls Blvd., Ste 302  
Spokane, WA, 99202

June 1, 2017

Roy Spino  
Water Manager  
Confederated Tribes of Warm Springs  
PO Box 1209  
Warm Springs, OR 97761

Dear Don:

Thank you for the time and assistance from Jason Tohet in completing the sanitary survey of the Sidwalter Community Water System (PWSID 104101101), conducted on 4/25/2017 by the Indian Health Service (IHS). The assessment of the water system is a tool for identifying areas requiring improvement and maintenance, and must be conducted every three years in accordance with the Safe Drinking Water Act (SDWA). A sanitary survey is a comprehensive evaluation of the water source, treatment facilities, operation and maintenance, and management of public water systems. It is intended to improve system safety and operation, and safeguard public health.

Enclosed is the water system's sanitary survey report with IHS' recommended actions to address deficiencies. EPA Region 10 will utilize the results of this report to identify significant and minor deficiencies and notify you of them in a separate letter.

By signing below, I am granting the IHS permission to send a copy of this letter, which summarizes the findings of the Sanitary Survey Form, to the Region 10 Environmental Protection Agency (EPA) Drinking Water Program. Feel free to call me with any questions, comments, or concerns regarding the assessment details.

Sincerely,  
Concurrence

Laddie Folster  
Indian Health Service  
Tribal Utility Consultant

Water System Manager

6/6/17

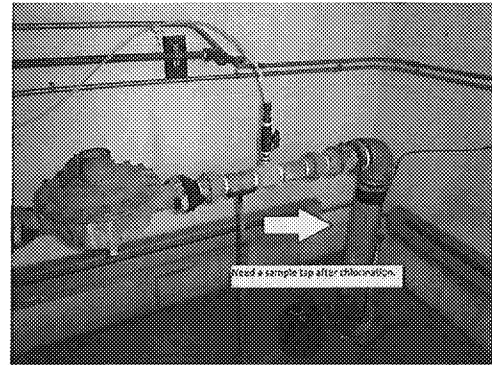
Roy Spino  
Warm Springs Tribe

Enclosures: Sanitary Survey Form, Deficiencies and Recommendations

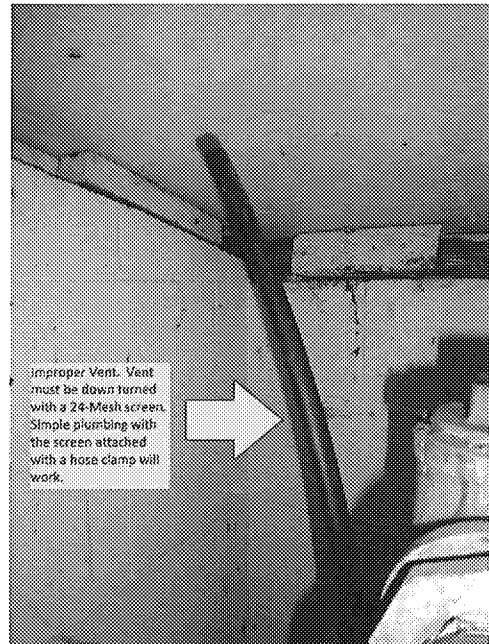
cc: Jenna Manheimer, Tribal Drinking Water Coordinator, EPA  
Matty Haith, District Utility Consultant, Indian Health Service  
Don Courtney, General Manager Public Utilities, Warm Springs Indian Reservation  
Nancy Collins, EHS, Warm Springs Indian Reservation

## Deficiencies and Recommendations

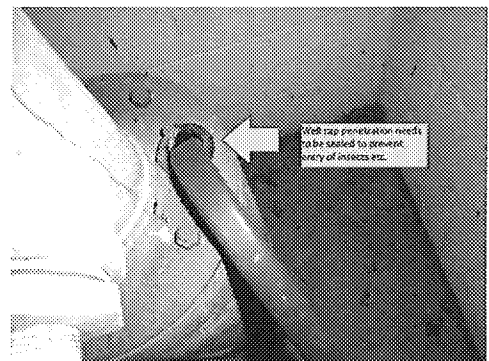
Page 2, Item 4: A sample tap is required after the chlorine is injected. This is important because there are a number of samples that must be taken after treatment as well as measurement of chlorine residuals entering the WST. Recommend installing sample tap. This Deficiency was not corrected from the April 24, 2014 Sanitary Survey.



Page 2, Item 6: The sanitary well cap is lacking a screened (24-mesh) vent, turned downward and a minimum 18-inches above the floor of the pumphouse. There is a plastic tube stuck into the hole where a threaded vent pipe is normally located. Installing a simple treaded pipe in this hole and raising it high enough to turn downward and covering it with a 24-mesh screen is a recommended solution. This Deficiency was not corrected from the April 24, 2014 Sanitary Survey.



Page 2, Item 7: The electrical wire entering the top of the well, enters a penetration through the sanitary well seal that is not sealed adequately to prevent insect entry. This deficiency needs to be corrected because it has been demonstrated insects will enter into the well and can die and fall into the well. Sealing this gap can be as simple as using a calking suitable for potable water or using a seal-tight flexible conduit. This Deficiency was not corrected from the April 24, 2014 Sanitary Survey.



Page 3, Item 63: Safety-No eye-washing provision was seen in the pumphouse in case of splash of the strong chlorine solution. Recommend installing an eye wash station.

Page 4, Item 120: Mr. Tohet indicated the distribution valves were not regularly exercised. Recommend that a valve exercise program be implemented.

Page 4, Item 121: Mr. Tohet indicated that he did not know if customer complaints were investigated. Recommend that customer complaints be investigated and reports filed.

Page 4, Item 124: Mr. Tohet was not aware of a distribution flushing program. Recommend at least annually flushing the water mains in such a way as to eliminate sediments etc.

Page 4, Item 126: Mr. Tohet is not trained in recognizing cross connections. Recommend that the operator and perhaps other utility personnel attend a cross connection training course. Contact IHS for date to the next training.

Page 6, Item 165: Non-sample taps (hose bibs) in the pumphouse need to be equipped with backflow devices such as a vacuum breaker. These are fitted directly to the hose bib and are relatively inexpensive at hardware or plumbing store.

Page 8, Item 216: Lack of a well head protection program.

Page 8, Item 217: CCRs are not distributed on a timely schedule every year.

Page 8, Item 218: Lack of a Master Plan for the Sidwalter CWS.

Page 8, Item 216: Lack of a Water Conservation Plan.



# PORTLAND AREA INDIAN HEALTH SERVICE PUBLIC WATER SYSTEM SANITARY SURVEY

## 1. SITE VISIT INFORMATION

Confederated Tribes of Warm Springs Reservation

SURVEY DATE: 4/25/2017 PWS ID: 104101101

Sanitary Survey Includes: (1) GW Source ☒ (2) Well Water Treatment Part A ☒ Part B ☐ (3) Distribution ☒ (4) Finished Water Storage ☒ (5) Pumps, PF, and Controls ☒ (6) Monitoring ☒ (7) Management/Operation Capacity ☒ (8) Operator Compliance ☒ (9) Consecutive Systems ☐

Date of last survey 4/24/2014 System Type: Federal Government ☐ Private ☐ State Government ☐ Native American Government ☒ Local ☐ Mixed (Public/Private) ☐ District ☐ Spokane ☐

# of Residential Connections 36 # of Non-Residential Connections 1 Total Population 135 Indian Population 135 # of Storage Facilities 1 # of GW Sources 1

Name of Water Supply Sidvalter Community Water System Water Purchased From: n/a Water Sold To: n/a PWS n/a PWS n/a Combined Sources Yes ☐ No ☒ Well Field ☒ Lake ☐ River/Stream ☐ Infiltration Gallery ☐ Other ☐

Water Supply Address Water Supply Mailing Address Owner Name Confederated Tribes of Warm Springs

Water Supply City, State, Zip Warm Springs, Oregon 97761 Water Supply Telephone 1233 Veterans St Owner City, State, Zip Warm Springs, Oregon 97761 Owner Telephone 541-553-1161

Plant Location (if different from above) Plant Location (if different from above) WERE VISUAL STRUCTURAL DEFICIENCIES NOTED DURING THIS SURVEY? YES ☐ NO ☒ IF YES, SEE PAGE(S) OF

System Managers Last Name Spino Individuals present during inspection: Name Laddie Folster Title IHS TLUC

System Managers First Name Ray Name Jason Tohet Title Operator

System Manager's Address PO Box 1209 System Manager's City Warm Springs Name Title

System Manager's State Oregon 97761 System Manager's Telephone 541-553-2324 Name Title

Water System Classification Service Category SDWIS Classification: C Seasonal: No Community Water System ☒ Non-transient Non-community ☐ Transient Non-community ☐ Surveyors Agency Indian Health Service

Comments Small rural CWS on the Warm Springs Reservation. Single well with a single WST. Sodium Hypo used for disinfection.

I have reviewed all pages of the Sanitary Survey form. Surveyed by: [Signature] Date: 4/25/2017 I have reviewed all pages of the Sanitary Survey form. Reviewed with Surveyor: [Signature] Date: 6/8/17

**PORTLAND AREA INDIAN HEALTH SERVICE  
PUBLIC WATER SYSTEM SANITARY SURVEY**

**2. GROUNDWATER SOURCES #1**

SURVEY DATE 4/25/2017 PWS ID 104101101

Source Name	Sidwaller Well			Status:	Active <input checked="" type="checkbox"/>	Inactive <input type="checkbox"/>	Ground water non-purchased <input checked="" type="checkbox"/>
Physical Address	No Address-See Lat Long			Standby <input type="checkbox"/>	Emergency <input type="checkbox"/>	Ground water purchased <input type="checkbox"/>	
Treatment Objectives				Water Purchased From	n/a		
Disinfection				Treatment Methods	Sodium Hypochlorite		
Has well-log been submitted to EPA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Unknown <input checked="" type="checkbox"/>	Design Daily Production (GPD)	20,000		
Well/Spring Yield (GPM)				Gross Depth (ft)	25		
Casing Size (in)	8	Casing Depth (ft)	437	Interval Screen Depth (ft)	350-400, 400-437		
44.88364	LONG	-121.48658	Meridian	Willamette	Township	8S	Range 10E
Nature of Recharge Area	Formation/Rock Type			Sandstone/broken lava			
Confined <input type="checkbox"/>	Unconfined <input checked="" type="checkbox"/>	Unknown <input type="checkbox"/>	Is there a Well Head Protection Plan of this area?				
Source of Potential Pollution	None in Area			Well Head Protection Yes <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	UNKNOWN <input type="checkbox"/>	YES <input type="checkbox"/>
				Are static and pumping water levels measured regularly?			
				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	UNKNOWN <input type="checkbox"/>	
				Are chemical contaminants source in sanitary control area?			
				YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	UNKNOWN <input type="checkbox"/>	

<b>SIGNIFICANT DEFICIENCY</b>		<b>MINOR DEFICIENCY</b>	
YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Is the well provided with a sanitary cap, vent, and seal that are properly installed?		16. Are pressure tanks, check valves, blow-off valves, water meters, etc, maintained and operating properly?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the casing extend a minimum of 18-inches above the final ground surface and/or 12-inches above the pump house floor or slab?		17. Is well site properly drained and protected from unauthorized entry?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is there a sample tap provided on the well discharge pipe prior to treatment?		18. Is well site protected against flooding?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Is there a sample tap provided on the well discharge pipe following treatment?		19. Can the well be pumped to waste at the design capacity of the well via an approved air gap at a location prior to the first service connection?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Is the well cased and grout sealed at least 18 feet or in such a manner that surface water cannot enter the well?		20. Is standby or auxiliary power available?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is well vent screened with the return bend facing downward and terminating 18-inches above ground level or above maximum flood level, whichever is higher?		21. Is a pressure gauge or other means of measuring water level provided at the installation and is it maintained and working properly?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are conduits and junction boxes sealed to prevent contaminants from entering the well casing?			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
8. Is the source metered?			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>HAVE THE FOLLOWING MIN SET-BACK FROM THE PWS WELL BEEN MET?</b>			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Gravity sewer line (50 ft)		22. Has a source water assessment been conducted for this source?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Pressure sewer line (100 ft)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11. Individual home septic tank (100 ft)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12. Individual home disposal field (100 ft)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13. Livestock (100 ft)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
14. Individual home seepage pit (100 ft)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
15. Is a GWUDI determination necessary for this source?			
<input checked="" type="checkbox"/>	<input type="checkbox"/>		

<b>RECOMMENDATION</b>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. Has a source water assessment been conducted for this source?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>ARE WELL HOUSE BUILDINGS CONSTRUCTED OR MAINTAINED TO PROVIDE:</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
23. Lighting	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Venting	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
25. No storage of toxic/hazard chemical.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
26. Locked to prevent unauthorized entry.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
27. Protection from rodent infestation.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Surveyed by:	Survey Date	Comments
Ladd Folster	4/25/2017	Well located inside of Sidwaller PH. Signs of rodent or small animal infestation. Improper well vent. Lack of proper conduit penetration through well cap.

# PORTLAND AREA INDIAN HEALTH SERVICE PUBLIC WATER SYSTEM SANITARY SURVEY

## 4. WELL WATER TREATMENT #1 AND #2 PART A

Source treated by station 1  
Physical Address 1  
See La/Long

Lat/Long 44.88364/-121.48658 Date Online Daily Output Schematic of plant readily available and up to date? Yes ☒ No ☐

Check all disinfection types used:

Gas ☐ Sodium hypochlorite (12 1/2%) ☒ Calcium hypochlorite ☐ Bleach 5 1/4 % ☐  
Ozone ☐ UV light ☐ Chlorine dioxide ☐ Other ☐

### SIGNIFICANT DEFICIENCY

YES NO N/A UNK  
53. Is the building in good structural condition? ☐ ☐ ☐ ☐  
54. Is the building orderly and clean? ☐ ☐ ☐ ☐  
55. Are chemical shipping containers fully labeled to include chemical name, purity, concentration, etc. and ANSI/NSF certification? ☐ ☐ ☐ ☐

### MINOR DEFICIENCY

56. Are critical spare parts on hand? ☐ ☐ ☐ ☐  
57. How are the feeders set? ☐ Flow paced ☒ Manual  
58. Are chemical solution tanks kept covered? ☐ ☐ ☐ ☐  
59. Is there an adequate quantity of disinfection on hand? ☐ ☐ ☐ ☐  
60. Is there a flow meter in order to determine chemical feed rate? ☐ ☐ ☐ ☐  
61. Are backup chemical feed pumps available and operational? ☐ ☐ ☐ ☐  
62. Is the operator trained to use and conduct monitoring of disinfectant properly? ☐ ☐ ☐ ☐  
63. Is a deluge shower and/or eye washing device installed where strong acids and/or alkalis are used or stored? ☐ ☐ ☐ ☐  
64. Are chemical feed pumps controlled by a flow sensing device so that injection of the chemicals will not continue when flow of the water stops? ☐ ☐ ☐ ☐  
65. Are cross connection controls provided so the liquid chemical solutions cannot be siphoned through the solution feeders into the water supply? ☐ ☐ ☐ ☐  
66. PPE equipment – are at least one pair of rubber gloves, a dust respirator of a type certified by NIOSH for toxic dusts, an apron or other protective clothing and goggles or face mask provided for each operator? ☐ ☐ ☐ ☐

### RECOMMENDATION

67. Is the chemical feed equipment readily accessible for servicing, repair and observation of operation? ☐ ☐ ☐ ☐  
68. Have any changes been made to this treatment facility since the last survey? ☐ ☐ ☐ ☐  
69. When more than one (1) chemical is stored or handled, are tanks and pipelines clearly labeled to identify the chemical they contain? ☐ ☒ ☐ ☐  
70. Have there been any interruptions in disinfection in the past year? ☐ ☐ ☐ ☐

Surveyed by: Ladd Folster Survey Date 4/25/2017

SURVEY DATE 4/25/2017 PWSID 104101101

Source treated by station 2 Physical Address 2

Lat/Long Date Online Daily Output Schematic of plant readily available and up to date? Yes ☐ No ☐

Check all disinfection types used:

Gas ☐ Sodium hypochlorite (12 1/2%) ☐ Calcium hypochlorite ☐ Bleach 5 1/4 % ☐  
Ozone ☐ UV light ☐ Chlorine dioxide ☐ Other ☐

### SIGNIFICANT DEFICIENCY

YES NO N/A UNK  
53. Is the building in good structural condition? ☐ ☐ ☐ ☐  
54. Is the building orderly and clean? ☐ ☐ ☐ ☐  
55. Are chemical shipping containers fully labeled to include chemical name, purity, concentration, etc. and ANSI/NSF certification? ☐ ☐ ☐ ☐

### MINOR DEFICIENCY

56. Are critical spare parts on hand? ☐ ☐ ☐ ☐  
57. How are the feeders set? ☐ Flow paced ☐ Manual  
58. Are chemical solution tanks kept covered? ☐ ☐ ☐ ☐  
59. Is there an adequate quantity of disinfection on hand? ☐ ☐ ☐ ☐  
60. Is there a flow meter in order to determine chemical feed rate? ☐ ☐ ☐ ☐  
61. Are backup chemical feed pumps available and operational? ☐ ☐ ☐ ☐  
62. Is the operator trained to use and conduct monitoring of disinfectant properly? ☐ ☐ ☐ ☐  
63. Is a deluge shower and/or eye washing device installed where strong acids and/or alkalis are used or stored? ☐ ☐ ☐ ☐  
64. Are chemical feed pumps controlled by a flow sensing device so that injection of the chemicals will not continue when flow of the water stops? ☐ ☐ ☐ ☐  
65. Are cross connection controls provided so the liquid chemical solutions cannot be siphoned through the solution feeders into the water supply? ☐ ☐ ☐ ☐  
66. PPE equipment – are at least one pair of rubber gloves, a dust respirator of a type certified by NIOSH for toxic dusts, an apron or other protective clothing and goggles or face mask provided for each operator? ☐ ☐ ☐ ☐

### RECOMMENDATION

67. Is the chemical feed equipment readily accessible for servicing, repair and observation of operation? ☐ ☐ ☐ ☐  
68. Have any changes been made to this treatment facility since the last survey? ☐ ☐ ☐ ☐  
69. When more than one (1) chemical is stored or handled, are tanks and pipelines clearly labeled to identify the chemical they contain? ☐ ☐ ☐ ☐  
70. Have there been any interruptions in disinfection in the past year? ☐ ☐ ☐ ☐

Comments:

# PORTLAND AREA INDIAN HEALTH SERVICE PUBLIC WATER SYSTEM SANITARY SURVEY

## 6. DISTRIBUTION

SURVEY DATE: 4/25/2017 PWSID: 104101101

What type of material are the pipe(s):	PVC <input checked="" type="checkbox"/>	AC <input type="checkbox"/>	PE <input checked="" type="checkbox"/>	CI/DI <input type="checkbox"/>
Distribution line (Diameter and type)	Service line (Diameter and type)			
1. <u>4" PVC</u>	1. <u>1" HDPE</u>			
2.	2.			
How many service lines are metered?	Number of Fire Hydrants (types if known)			
36 out of 36	1. 2 2.			

### SIGNIFICANT DEFICIENCY

YES	NO	N/A	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	110. Are there hydrants or adequate blow-offs to flush all dead-end on the system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	111. Are disinfectant residual measurements being made and recorded at the entry point of the distribution system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	112. Is there a disinfectant residual of at least 0.2 mg/l at the entry point of the distribution system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	113. Is a detectable free chlorine residual being maintained throughout the distribution system?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114. Are proper residual test kits available and well-stocked with reagents (DPD)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	115. Is the PWS able to maintain a minimum pressure of twenty (20) psi throughout the distribution system (including fire flow)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	116. Is the system protected from obvious cross connection observed during the survey?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117. Is there a requirement for annual testing of installed backflow prevention devices?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118. Is there sufficient contact time between the disinfection point and first point in use? If not, is the system performing triggered monitoring?

Comments

### MINOR DEFICIENCY

YES	NO	N/A	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119. Are accurate O and M records being maintained (check records)?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120. Are valves periodically exercised?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121. Are customer complaints and investigation reports kept?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	122. Are all automatic air relief valves equipped with a means of backflow protection?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	123. Are ARV's turned down, screened, and protected from cross connection?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	124. Is there a routine main and dead-end water flushing program?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	125. Are backflow prevention devices installed at all appropriate locations?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	126. Is the operator trained in cross connection control?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	127. Are proper procedures followed for disinfection of new construction or repairs?

### RECOMMENDATION

YES	NO	N/A	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	128. Is there an inspection of new construction as well as follow-up inspections?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	129. Is there a leak detection program?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	130. Are all service metered and are meters routinely read?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	131. Was asbestos/cement pipe used in the system?

Surveyed by: <b>Ladd Folster</b>	Survey Date <b>4/25/2017</b>	
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# PORTLAND AREA INDIAN HEALTH SERVICE PUBLIC WATER SYSTEM SANITARY SURVEY

## 7. FINISHED WATER STORAGE #1

Physical location: Sidewalter

Total Storage Capacity (gal) 209,000

Pressure tank name

Physical location:

SURVEY DATE: 4/25/2017 PWSID: 104101101

Storage structure name: Sidewalter  
Corrosion control: Cathodic  
Storage type: Standpipe  
Date in service: UNK  
Type of material: Bolted steel  
Volume (gal): 209,000  
Total days of supply: 3  
Date last: Cleaned  
Inspected

### SIGNIFICANT DEFICIENCY

YES NO N/A UNK

- 132. Is treated water storage covered or enclosed?
- 133. Is the storage structure clean and free from contamination?
- 134. Is the storage structure structurally sound?
- 135. Is the storage structure safely accessible to inspector?
- 136. Is an overflow provided that discharges to daylight in a way that will preclude the possibility of backflow to the reservoir and, where practical, provided with a metal screen or flapper valve?
- 137. Are access manhole openings for the storage structure 4 inches or greater above the reservoir roof surface, with a lid 2 inches overlapping, water tight and locked?
- 138. Are overflow lines, air vents, drainage lines or clean out pipe turned downward or covered, screened and terminated a minimum of 2 times the diameter of the water outlet above the ground or storage structure surface?

### MINOR DEFICIENCY

- 139. Is leakage evident at time of inspection?
- 140. Is the storage structure interior coating or liner peeling or cracked?
- 141. Can the storage structure be isolated from the system for repairs or cleaning?
- 142. Is the storage structure protected against flooding?
- 143. Do all vents open downward and are they fitted with a 4-mesh non-corrodible screen?
- 144. Is the storage structure secured from unauthorized access?
- 145. Does the overflow have a splash pad?
- 146. Is there a separate drain line on the storage structure?

### RECOMMENDATION

- 147. Is there a water-sampling tap provided at the storage structure outlet?
- 148. Is storage structure lined?

Yes ☒ No ☐ Line Type?

Fused Glass Liner

Surveyed by: Ladd Folster  
Survey Date: 4/25/2017

### SIGNIFICANT DEFICIENCY

YES NO N/A UNK

- 151. Can the hydropneumatic tank(s) be isolated from the system, permitting operation of the systems?
- 152. Is the tank(s) located above normal ground surface and completely housed?
- 153. Do the tank(s) maintain adequate distribution system pressure?
- 154. Is there a pressure gauge and pressure operated start-stop control?
- 155. Is the pressure tank being inspected?

### MINOR DEFICIENCY

#### BLADDER AND NON-BLADDER

- 156. Can the tank(s) be isolated with a shut-off valve for repairs or replacement
- 157. Is an oil-less air compressor in service for the hydropneumatic pressure tank?
- 158. Has the non-bladder pressure tank(s) been tested for structural integrity in the past 5 years?
- 159. Do all non-bladder hydro pneumatic tank(s) have the following?  
Check all that apply:  
Water sight glass ☐ A drain ☐ Access MH ☐  
Means to add air ☐ Automatic or manual air blow-off ☐

### RECOMMENDATION

- 160. Are the interior and/or exterior surfaces in good condition?
- 161. Is there a drain line on each tank?

What is the make and model of the tanks?

Number and tank(s) in gallon

Comments: Aquastore WST. Combination overflow and drain directed to concrete structure that serves as splash pad. Functioning sealed flapper valve at terminus.

**PORTLAND AREA INDIAN HEALTH SERVICE  
PUBLIC WATER SYSTEM SANITARY SURVEY**

**8. PUMPS, PUMP FACILITIES, AND CONTROLS #1**

Source Treated By Station **Physical Address**  
**Sidwaller Well inside Sidwaller PH**

**SIGNIFICANT DEFICIENCY**

- YES NO N/A UNK
- ☒ ☐ ☐ ☐ 162. Is adequate ventilation provided in the pump house for dissipation of excess heat and moisture from the equipment?
- ☒ ☐ ☐ ☐ 163. Is the building in good structural condition?
- ☒ ☐ ☐ ☐ 164. Is the building orderly and clean?

**MINOR DEFICIENCY**

**PUMPHOUSE**

- ☒ ☐ ☐ ☐ 165. Are all non-sample taps installed in the pump house equipped with an appropriate backflow prevention device?
- ☒ ☐ ☐ ☐ 166. Is the pump house protected from flooding, have adequate drainage and is the floor surface at least six (6) inches above the final ground surface?
- ☒ ☐ ☐ ☐ 167. Is the sump for the pump house floor drain closer than 30 feet from the well?
- ☒ ☐ ☐ ☐ 168. Is the pump house protected from unauthorized personnel?

**BOOSTER PUMP**

- ☐ ☐ ☐ ☐ 169. Are backup pumps, motors or other critical spare parts kept on-site?
- ☐ ☐ ☐ ☐ 170. Are pump records maintained?
- ☐ ☐ ☐ ☐ 171. Are all pumps capable of providing the max pumping demand of the system?
- ☐ ☐ ☐ ☐ 172. Does the pump(s) cycle excessively?
- ☐ ☐ ☐ ☐ 173. Are all pumps provided with readily available spare parts and tools?
- ☐ ☐ ☐ ☐ 174. Do all pumps maintain an operating pressure of 20 psi or greater?

**RECOMMENDATION**

- ☐ ☒ ☐ ☐ 175. Is a water pressure relief valve installed where the pump is directly connected to the distribution system?
- ☒ ☐ ☐ ☐ 176. Is the pump house kept clean and in good repairs?
- ☒ ☐ ☐ ☐ 177. Does the pump house have adequate lighting throughout?

**SOURCE PUMP INSTALLED**

Pump type: Submersible ☒ Centrifugal ☐ Variable Frequency Drive (VFD) ☐  
Pump Nomenclature: Pump make **Franklin** Pump model **2366136010** Date installed  
Pump Capacity: Pump hp **15** GPM  
Pump Controls have: Float switch ☐ Run Hour Meter ☐ Pump Protector ☐ Pressure Switch ☐  
Lead/Lag ☐ Manual ☒ Sequencer ☐ Controls Other ☐

What are the most frequent Complaints?

Comments

Some signs of rodent or small animal infestation. Need to be addressed or kept clean as well as possible. Three Phase power for the well pump is through a Rotary Generator.

SURVEY DATE **4/25/2017** PWSID **104101101**

Surveyed by: **Ladd Folster** Survey Date **4/25/2017**

# PORTLAND AREA INDIAN HEALTH SERVICE PUBLIC WATER SYSTEM SANITARY SURVEY

SURVEY DATE  
4/25/2017

PWSID  
104101101

## 9. MONITORING

Name of Water Supply  
Sidwailer Community Water System

Tribe  
Confederated Tribes of Warm Springs Reservation

**SIGNIFICANT DEFICIENCY**

Is the system in monitoring compliance for the following parameters:

### AT THE ENTRY POINT

YES	NO	N/A	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	178. Nitrate
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	179. Inorganics (including nitrates)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	180. Gross Alpha Screen Uranium
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	181. VOC
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	182. SOC
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	183. Arsenic
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	184. CT Value (for systems avoiding triggered monitoring)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	185. Turbidity
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	186. Fluoride
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	187. Bromate ozone (if required)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	188. Radium 228/226
<b>IN THE DISTRIBUTION</b>				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	189. Coliform
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	190. Lead Copper (# of sites)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	191. Asbestos
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	192. TTHM
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	193. HAA5s
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	194. Maximum Residual Disinfectant level
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	195. Are copies of public notices available?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	196. Is all required monitoring current?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	197. Are TTHM samples taken at location of maximum residence time
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	198. Are HAA5 samples taken at location of maximum residence time

Comments

**MINOR DEFICIENCY**

Are the following records maintained on-site or location nearby?

YES	NO	N/A	UNK	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	201. Bacteriological Analysis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	202. Chemical Analysis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	203. Violation records
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	204. Copies of past sanitary survey
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	205. Reports of variance or exemption
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	206. Copies of public notices
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	207. Daily free chlorine residuals are not kept on site
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	208. Are daily free/total chlorine residual taken?

Surveyed by: Ladd Folster	Survey Date 4/25/2017	
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# PORTLAND AREA INDIAN HEALTH SERVICE PUBLIC WATER SYSTEM SANITARY SURVEY

## 10. MANAGEMENT/OPERATION CAPACITY

### SIGNIFICANT DEFICIENCY

YES	NO	N/A	UNK
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### MINOR DEFICIENCY

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	214. Is the Water System in compliance?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	215. Does the system have more than 4 violations in the past two years?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	216. Does the Water System have a Wellhead Protection Program?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	217. Are consumer confidence reports sent to users each year?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	218. Does the Water System have a current master plan?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	219. Does the master plan include a water conservation plan?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	220. What year was the master plan completed?

221. Is there a written Water Quality Monitoring site plan/program available for review?

### RECOMMENDATION

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	222. Does the Water System have an Operating Budget?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	223. Does the Water System have a service area and facility map?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	223. Does the Water System have a water facilities inventory?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	225. Has a capacity assessment been completed?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	226. Does the PWS have a governing body or board of directors?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	227. Is there a clear plan of organization and control among the people responsible for management and operation of the Water System?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	228. Does the Water System have emergency power?

Generator, automatic switchover ☐ Transfer switch only ☐

Generator, manual switchover ☐ Other ☐

Portable with transfer switch ☐

Frequency of testing generator:

☐ Monthly ☐ Quarterly ☐ Annually ☐ Infrequently

☐ Never

Surveyed by: Ladd Folster Survey Date: 4/25/2017

## 8. OPERATOR COMPLIANCE

### SIGNIFICANT DEFICIENCY

229. Operator Qualification or Certification						
Operator(s) Name	Cert. by	Cert. No.	Cert. Level	Meets System Requirements	Date Issued	Date Expires
Roy Spino	OR	08377	D1	Yes		12/31/17
Jason Tolet	OR		D1	Yes		

YES ☒ NO ☐ N/A ☐ UNK ☐ 230. Are Operators certified at the appropriate level?

### MINOR DEFICIENCY

☒ 231. Is a properly certified operator available at all times?

## 9. OTHER

### SIGNIFICANT DEFICIENCY

Are any of the deficiencies listed below noted elsewhere in this survey?

YES ☐ NO ☐ N/A ☐ UNK ☐

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	232.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	233.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	234.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	235.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	236.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	237.

Comments: CCR Violations for 2001, 2012, 2013